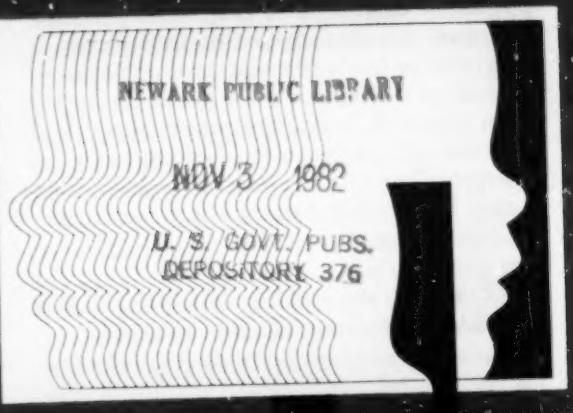
K 33

REYE SYNDROME



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Reye syndrome (pronounced "rye") is an acute condition that may follow influenza and chicken pox infections in children from infancy to their late teens. It is characterized by sudden vomiting, violent headaches and unusual behavior in children who appear to be recovering from an often mild viral illness. It requires immediate diagnosis and admission to a hospital where emergency care can be provided. Reye syndrome is rare, but when it does occur it is considered life-threatening.

Q. What is the problem with giving aspirin to children who have influenza and chicken pox?

A. There seems to be an association between children under age 16 taking aspirin and their developing Reye syndrome. State health officials in Arizona, Ohio and Michigan have done studies of Reye syndrome cases that tend to show this.

Q. But does it mean that aspirin can cause Reye syndrome?

A. It means that studies show a link between aspirin and Reye syndrome. Many medical experts consulted by the U.S. Public Health Service agree that this apparent relationship cannot be ignored. Therefore, the Food and Drug Administration, an agency of the Public Health Service, has proposed that aspirin and other salicylates, and medications containing aspirin, be labeled with a warning against giving them to children under age 16 with influenza, chicken pox (varicella) or other flu-like illnesses. The American Academy of Pediatrics has independently recommended against using aspirin products in such situations.

Q. What are salicylates?

A. Salicylates are compounds used in medicines to lessen pain, reduce fever or cut down on inflammation. Products containing salicylates are also used in external analgesics, such as body rubs.

Q. Does this mean that aspirin should not be given to children during an influenza epidemic to help them with headache, fever and other symptoms?

A. The Surgeon General of the Public Health Service, Dr. C. Everett Koop, and the American Academy of Pediatrics advise against giving aspirin and aspirin-containing products for such illnesses. Dr. Koop pointed out that childhood illnesses are usually minor and self-limiting, meaning that they will go away without treatment. In most cases, it is unwise to give aspirin to a child with a viral illness, and it is also unnecessary. Your doctor is the best person to decide when medication is needed.

Q. Then should aspirin and other salicylates be avoided altogether for children?

A. Get your doctor's advice. There are times when they should be used. For example, aspirin is often the recommended medication for rheumatic fever and rheumatoid arthritis. It is also recommended for simple pain. But for influenza and similar viral illnesses, leave the aspirin on the shelf until you check with your doctor.

Q. Is Reye syndrome a new disease?

A. No, it is not new. As early as 1925 it was considered a form of meningitis, an "inflammation of the brain area." It was named Reye in 1963 for the Australian pathologist who more accurately described it as edema (swelling) of the brain, combined with liver malfunction and blood chemistry disorders, usually resulting in death. Also, it is not a disease but a "syndrome," meaning a combination of signs and symptoms.

Q. Since Reye syndrome seems related to influenza, does it follow any seasonal pattern?

A. Yes, it occurs most often from October to March, during what is called the "flu season" and seems to cluster in those states reporting the most cases of influenza.

Q. What are signs that a child with influenza may be developing Reye syndrome?

A. The symptoms usually appear as the child should be recovering from the flu. The first sign is persistent vomiting. The child may be sleepy and lethargic, but still responsive. Within half a day, the child can become disoriented, combative and delirious. If untreated, the child can go into a coma and die.

Q. Can a Reye syndrome patient be treated at home?

A. No. Reye syndrome is a medical emergency. An ill child who shows signs of developing Reye syndrome must be taken immediately to a hospital. There the necessary medications

can be given, blood and body fluids can be monitored and corrected, a respirator used if breathing is failing and, if necessary, surgery performed to relieve pressure on the swollen brain.

Q. How long is the treatment period for Reye syndrome?

A. The usual hospital stay is three to ten days. The patient must be closely watched and will likely be in an intensive care unit. The patient is considered out of danger when blood chemistry, respiration and other signs have been stable for 48 hours. This could happen at any point during the hospital stay.

Q. Has the cause of Reye syndrome been identified?

A. No. Research is being done by the Public Health Service and other research organizations throughout the country, but the cause is not yet known. It is a complication of common viral illnesses that affects only a small minority of patients, but does not affect the hundreds of thousands more who contract these illnesses. Why these few children are susceptible, no one knows.

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